

## **Report of Periodic Performance Review**

### **Division Chair Review and Recommendation**

AY 2024-2025

Faculty Member under Review:

This is to certify that I have completed the Periodic Performance Review as required under LCSC Policy 2.113. I recommend that:

- No full review be conducted
- A full review be conducted. A written justification for this recommendation is attached.

Signed: \_\_\_\_\_